ARIZONA DEPARTMENT OF REVENUE ATTN Customer Care and Outreach PO BOX 29032

Phoenix, AZ 85038-9032

# TRANSACTION PRIVILEGE TAX LICENSE NOT TRANSFERABLE



The licensee listed below is licensed to conduct business upon the condition that taxes are paid to Arizona Department of Revenue as required under provisions of A.R.S. Title 42, Chapter 5, Article 1

#### 2024

ISSUED TO: AR-R-P LLC

15806 W PRICKLY PEAR TRL

SURPRISE AZ 85387

ALL communications and reports MUST REFER to

this LICENSE NO

LICENSE: 21268767

START DATE: 06/01/2018 ISSUED: 01/17/2024

EXPIRES: 12/31/2024

LOCATION: CODE 001

DINER ON WHEELS THE

15806 W PRICKLY PEAR TRL

SURPRISE, AZ 85387 2400067056116

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BUSINESS CODE	REGION	JURISDICTION
011 - RESTAURANTS AND BARS	COC - COCONINO	COUNTY
011 - RESTAURANTS AND BARS	MAR - MARICOPA	COUNTY
011 - RESTAURANTS AND BARS	AV - AVONDALE	CITY
011 - RESTAURANTS AND BARS	BE - BUCKEYE	CITY
011 - RESTAURANTS AND BARS	GE - GLENDALE	CITY
011 - RESTAURANTS AND BARS	GY - GOODYEAR	CITY
011 - RESTAURANTS AND BARS	LP - LITCHFIELD PARK	CITY
011 - RESTAURANTS AND BARS	ME - MESA	CITY
011 - RESTAURANTS AND BARS	PE - PEORIA	CITY
011 - RESTAURANTS AND BARS	PX - PHOENIX	CITY
011 - RESTAURANTS AND BARS	SC - SCOTTSDALE	CITY
011 - RESTAURANTS AND BARS	SE - SEDONA	CITY
011 - RESTAURANTS AND BARS	SP - SURPRISE	CITY
011 - RESTAURANTS AND BARS	TE - TEMPE	CITY
011 - RESTAURANTS AND BARS	WB - WICKENBURG	CITY

This License is assued to the business named above for the address shown. Licenses by law cannot be transferred from one person to another nor can they be transferred from one bocation to another. Anzona law requires licensees to notify the Department of Revenue if there is a change in business name, trade name must be returned to the Arizona Department of Revenue. According to R15-5-2201 license must be disclaimed to the Arizona Department of Revenue.

#### PERMIT TO OPERATE

This permit is not transferable and must be placed in a conspicuous place.

A copy of the most recent inspection report for this establishment is available upon request.

Permit Type: Mobile Food Type III

Class: 4

MF-18-0281 Permit Number: 06/30/2024 **Expiration Date:** 

Notes:

Special Conditions:

Permit Owner: Shelly Hiser Shelly Hiser 15806 W Prickly Pear Trl Surprise AZ 85387

Premises:

The Diner On Wheels

Please contact the Department prior to making any changes to the operation including ownership. esd.maricopa.gov

DO NOT REMOVE



**FOR** CITY, STATE AND FIRE INSURANCE INSPECTION

ROC 332446

CID404054



## PASS FORE PROTECTION

602-833-9117

Phoenix, AZ Albuquerque, NM 505-440-8059

License No. SERVICED BY\_ LOADED STREAM • ABC (DRY CHEM) PURPLE K (PK) • BC (DRY CHEM) HALON 1211 • CARBON DIOXIDE HALOTRON . AFFF/FFFP INERGEN • • CLASS D CLASS K • • FE-13 FM200 • • EE-36 ALARM • SYSTEM WATER . FIRE HOSE BACKFLOW . SPRINKLER WET CHEM • HALON 1301 CLEAN AGENT WATER MIST VOID 1 YR. FROM MO. PUNCHED: SYSTEMS 6 MOS. RECHARGED NEW **SERVICED** 2024



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/20/24

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this

- 0	ertificate does not confer rights to the	e certificate no	ilder in lieu of such e	endorsement(s).					
PRO	DUCER			CONTACT NAME: Chris Tousle	у				
Chris Tousley			PHONE (A/C, No, Ext): (480) 483-8787 (A/C, No):						
	FBL Financial Group Inc. DE Redfield, Ste D3-4			E-MAIL		[AJC, NO]:			
42 Y	ttsdale, AZ 85260-6906		1	ADDRESS:					
					SURER(S) AFFOR Agricultural Ins. (	RDING COVERAGE		NAIC# 27871	
INS	JRED				reau Property & C	Casualty Insurance Company		13773	
AR-RP LLC			ì						
	DINER ON WHEELS		1	INSURER C :			_		
	06 W PRICKLY PEAR TRL RPRISE AZ 853876784			INSURER D :					
				INSURER E :					
_				INSURER F :					
		TIFICATE NU	17,100,100,100			REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREMENT, T PERTAIN, THE	ERM OR CONDITION OF INSURANCE AFFORDER	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER [ S DESCRIBE	DOCUMENT WITH RESPECT  D HEREIN IS SUBJECT TO	T TO W	VHICH THIS	
INSR		ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		·e		
A	X COMMERCIAL GENERAL LIABILITY	INSU 11VS	TOLICI HUMBER	(Inter/DD) 1111)	(MINI/DD/1111)	EACH OCCURRENCE	5	2,000,000	
^	CLAIMS-MADE X OCCUR		BP 6019519	06/19/2023	06/19/2024	DAMAGE TO RENTED		50,000	
	CDAING-MADE CCCOR					PREMISES (Ea occurrence)	5		
						MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$	4,000,000	
	POLICY PRODUCT LOC					PRODUCTS - COMP/OP AGG	\$	4,000,000	
_	AUTOMOBILE LIABILITY	<u> </u>	9454553446 4455046453	Table School between	100 000 100 000 000	COMBINED SINGLE LIMIT	\$	u sugariorari	
В	ANY AUTO		CPP6060549	06/19/2023	06/19/2024	(Ea accident)	\$	1,000,000	
	OWNED SCHEDULED					BODILY INJURY (Per person)	X-70		
	AUTOS ONLY AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY X NON-OWNED					(Per accident)	\$		
							\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	5		
	DED RETENTION \$						\$		
	WORKERS COMPENSATION					PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	5		
OFFICER:MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$				
					E.L. DISEASE - POLICY LIMIT \$				
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	2		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC					7.00			
		(10000		,		••			
CERTIFICATE HOLDER			CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Tool Swartz, Underwriting Vace President						
TSMC 32200 N 43RD AVE PHOENIX, AZ 85085									